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SUMMARY

On the assumption that a woman's physical and mental condition at childbirth is a product of her life-long daily habits and ideas as well as any particular injunctions set up to insure well-being in pregnancy and parturition, the cultural scene was searched to ascertain all possible relevancies.

The farmers of Bang Chan lived in a tropical, rice-growing terrain, annually flooded by the monsoon run-off. Food was plentiful even if cash was not. Except for better housing and equipment, and a greater enjoyment of market novelties, the rich lived much like the poor. The work in the fields by women paralleled that by men. Sharp physical demands, especially at planting and harvest, made them muscular.

At marriage the partners were fully mature and no woman was married against her wishes. The birth of a child was welcomed as leading to higher personal, social, and economic status.

The underlying concepts which explain why the food and other injunctions, both pre-natal and post-partum, and the ritual behavior took their particular forms, are explained.

The human body, harboring multiple immaterial souls, was seen as composed of earth, fire, water, and wind. Illness was caused by intrusive disruption of these four elements, or by soul loss. Food and medicines had properties which could be used to restore balance in the elements. The traditional curers or exorcisers had magical and herbal remedies obtained ritually from a teacher. Since Buddhist phrasings, often read from old texts in weekly sermons, molded Bang Chan's conception of life, the ultimate cause of health or illness was the presence or absence of merit. This determined one's kam (karma), the balance sheet of virtuous actions which one added to, or reduced by sinning throughout successive existences over eons of time.

The Buddhist cosmic view of individuals as separate autonomous beings brought it about that help was the only dynamic relationship possible between people. The bonds established by helping people, on this earth, especially in the tasks of feeding priests, lasted on into successive incarnations. Thus, meritorious people met again and might marry again. Families had continuity over time, and babies were born into the "right"

779 family. Babies lacking in merit died at their birth, just as mothers whose merit had run low suffered or died in childbirth.

• 84 [775] [774] [789] A soul desiring rebirth flew into the womb of a woman at conception. By care and imitative magical practices, both parents helped the fetus grow but the mother gave the baby its body. Parturition was a joint effort of mother and child, the course and outcome of which was determined by their respective stores of merit. After delivery the child was blessed, his soul seized and tied in, and ritual means taken that he not wander from home throughout life. A post-partum rest of several days was taken beside a hot fire, the purpose of which was both physiological, i.e. to dry the uterus, and ritual, to bring about full "ripe" adulthood.

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The fire, which was consecrated, strengthened a woman and made her a better nourisher, mature, more compassionate, and eligible to handle magic and the tender souls of living creatures. Thus she was fitted for her life-calling as a woman. The comparable ceremony of maturation for men, when they too were changed from "raw" to mature, compassionate, and strong males for their calling of fatherhood and leadership, was ordination into the Buddhist priesthood. Only those men and women who had undergone their respective rites of maturation were eligible to handle magic. Men's magic gave power, control and could be aggressive. Women's magic was limited to nurturing purposes, and could never be destructive. The respective areas of magical competence and right were autonomous and rigidly separated on pain of severe sanctions.

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844 This view of the role of women in life and the events of childbirth in the earthly and cosmic scene, had the effect of giving women in childbirth a positive, secure, and relaxed outlook, and an understanding and acceptance of suffering so that they had little fear.

[128] How careers in midwifery, whether professional or amateur were established, and the nature of the specialty and of a practice are discussed.

128 844 846 369 178 The understanding of, and the attitudes toward, modern medicine are given along with findings accounting for acceptance or rejection of modern hospital care for parturients. Accepting the changes that were observed in the practices surrounding childbirth proved to be a means of expressing partial withdrawal from the old life of a farmer and a step towards the glitter of urban ways. In the desire to be seen as progressive, the fire rest had been shortened, market products substituted for the consecrated fire, and other urban ways introduced.

000 For persons interested in introducing changes in the

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The genetic connections of those who did not help in cash, or labor at, say, cremations or cooperative work-parties were forgotten. Degree of help was a measure of kinship solidarity, and even marked the outer boundaries of kinship.

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The word "help" turned up over and over again in the context of childbirth. Birth came about because a married couple, already steeped in the knowledge that they had been so helped by their parents, "helped another individual to new life" through the mingling of semen and blood. The midwife's role was merely to "help." When a woman engaged a midwife, her words were, "Will you come to help me?" A baby having trouble breathing right after delivery "had to be helped for half an hour." Most important, only through the reciprocal help of mother and child was rebirth to earthly life implemented at all. Parturition was an active, cooperative venture between 2 autonomous beings. The child set the time for labor to start by "deciding to be born" when his 32 parts were "complete,"[38] and he had worked off sufficient sin in purgatory to permit rebirth. The mother by her labor "helped the child to be born," but she could not succeed unless he actively "helped," too. Though other assistance to her was desirable, such as persons to support her back and press out the infant, only his help was essential. Without it she had a hard or unsuccessful labor. A woman who gave birth successfully without outside help created no stir because it was evident that the baby had been helpful.

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38. Informants were not uniform in opinion here. Some said the khwan (or winyan) was the first "part" to establish itself--arriving at the moment of conception--others that it was the last (Textor:262). In either case it was highly volatile during pregnancy, and the trapping by winnowing at birth was the major means of rooting it in the person. During pregnancy, medicine for wind in the fetus was given "which was not effective if there were no khwan," but whether the khwan was the mother's or the child's was not certain.

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000 in Bang Chan tried to carry on the old rites.

948 The Cone of Wood
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372 When a child was conceived out of wedlock, the first problem raised was, "Who will build the wood pile?" The actual father had to come forward and identify himself, for he and no one else could perform this duty. A child could not be born without the father giving this assistance.

593 This cone of wood represented a "womb" towards which
• 84 a father actively played out his role. His child was in it.
789 While building it, his behavior affected the child, just as
372 his wife's behavior acted on the child in her womb. If the pile were incomplete before the onset of labor or gave out before the fire-rest was terminated, the child would "never finish any task in its life." The very manifestation of industriousness involved in collecting the wood, though, made the unborn child industrious. Gathering a quantity of wood for this big pile was not easy. Old houses had plenty of wood, for they stood in thick groves, but new houses sometimes stood bare and stark in the fields. He placed spiny Indian jujube or Chinese date (phutsā) and Manila tamarind (ma khām thēt) all over the outside to protect
[824] this "womb" from invasion by malevolent spirits. Thus he also protected his wife's womb. Sakāe wood was preferred because it was smokeless. Collecting a mixture of woods was easier, but then the fire smoked. Mixed or all sakae, whichever the constitution of the pile for a woman's first confinement set the pattern for all her later ones.

At the onset of labor, the father had to open the way for his child to come out of the womb, so the pile was tipped over in a direction paralleling the position of the Great Snake. This astrological orientation was exactly that of the woman in labor. Unless the mother's head and the apex of the fallen wood pile coincided with the direction of the head of the Snake, with the open end of womb and cone below, "with and not against the lie of the snake's scales," the child would have to struggle against these scales as he came out. By tipping the cone of wood properly the father helped his child to an easy exit.

The thorns protected the womb and the baby inside from all evil spirits during the months of pregnancy. With the onset of labor, the holy cord which surrounded the mother took over this function, and kept away such dangerous spirits as phi krasū and, if the baby died at birth, the violent New Baby Ghost (cf. Textor:261).

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in the khwan khaŏ "gift" handy cash. The income was about 40 to 200 baht ($2.00 to $20.00) per year.

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The duties of a midwife were not time consuming if all went well. There was practically no pre-natal care, and a few hours of care was given for only three days after birth. If complications arose, though, the midwife spent long hours away from home. In fact the husband of one midwife grumbled, "You don't receive anything, and just waste time. Sometimes you stay away over night, and no one watches the house or the children."

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In their social role, midwives felt personal but not group solidarity. A solid bond existed between an older midwife and the particular younger one to whom he or she had given training and magic. Those related by blood or marriage sometimes worked together, and even turned over cases to each other if outside demands became pre-eminent. If in trouble on a case, midwives did not call on each other unless as close, affectionate relatives but turned rather for help from a mŏ or to the Minburi Health Center. Yet sometimes rivalry was severe. If the family of the parturient felt that no progress was being made with one midwife, they called in another and another. Each did his utmost and then stepped down when it had to be admitted, "My magic is not enough." The final expert who brought mother and baby through before the deposed midwives glowed inwardly with pride and skill and satisfaction that the magic of his particular teacher had proved effective. The sharpness of the competition reverberated through the words, "I pushed the other midwives down." Community standing or "face" was not lost by an unsuccessful case because of the midwives' fundamental role as helpers only, their faith in their own experiences, and again, the conviction that the course of childbirth was merit-determined.

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Though living like other elder citizens of the community, in their social role they were more respected. Known as selfless donors of time and energy for the sake of others, whose successes gave proof of merit and nurturing capacity, they were viewed as assets to the community. In spite of competition considerable affection was evident between some. They were elders before a sea of youth, old friends who had for years lived and farmed side by side, met at ceremonies, and shared many experiences.

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If the case were in difficulty sometimes a mŏ was called, sometimes a midwife or even both. What was the nature of their respective specialties? What in fact made certain midwives "professionals" (tham achIp (Mc.F. 990)) when others who had equal or more experience were not so considered?

The Role of the Mɔ̄

756 844 A mɔ̄ never delivered the baby and never even touched a woman in labor, for this was not part of his specialty. If labor were slow, or weakness were setting in, he came to give a decoction to raise the fire element within the body, speed up the winds and so strengthen the contractions. He also gave holy water for general strength and to clear out, if such there were, any obstructing spirit or magical disease object like khun. Because of his experience, though, he might stand beside the midwife or other woman instructing; for instance, "Pull now!" "Watch out for the eyes!" His advice was more often sought after childbirth if fever or swollen body were in evidence, for these were the results of "inadequate outflow of blood and fishy-water." Because they were called in case of debility, the mɔ̄ were the ones who suggested when it was advisable to send a parturient to the Minburī Health Center.

756 84 No priest-mɔ̄ was ever called for childbirth because of the contact with a woman's genital area, though they were consulted on menstrual and pre-natal irregularities.

759 The Specialty of the Midwife

Midwives were called mɔ̄ tamyāā (doctor-expert-in-occultism; pounding, as in a mortar [McF. 365] crouching, [McF. 682]). There were 4 or 5 women, both Buddhist and Muslim, and 2 or 3 Buddhist men, who had delivered 100 or so babies apiece. They ranged in age from 50 to 70. Dozens of women had delivered babies one or more times but were not accorded the title of midwife. [192]

759 845 The foundation of their specialty was a greater than usual manual skill, developed over long experience. "We have only our hands," said one woman. The more expert could handle certain mal-positions, and did not hesitate, but only with permission, to put the hand into the vagina to turn the baby or "unstop the blood." They were better judges of the progress of labor, whether normal or slow, and of the symptoms of debility. They were more likely to keep calm in the face of extreme suffering where the parturient's relatives, over-eager in their desire to help, sometimes inflicted